

TOWNSHIP OF FLORENCE

711 BROAD STREET • FLORENCE, NEW JERSEY 08518-2323
PHONE: (609) 499-2525 • WWW.FLORENCE-NJ.GOV

STEPS FOR SUBMITTING YOUR LANDLORD RENEWAL APPLICATION FORM FOR 2022

- Do not put multiple units on the same form. PLEASE FILL OUT A SEPARATE FORM FOR EACH UNIT YOU OWN.
- 2. Review your Landlord Renewal Form to ensure all information is correct
- 3. Be sure to include all updated phone numbers and contact information
- 4. Complete the required fields of the form and sign where indicated
- 5. Print legibly and spell names correct of ALL tenants, including children
- 6. Tenant MUST sign even if the tenants have not changed from the prior year. If you do not have a Continued Certificate of Occupancy (CCO) for the current tenants, please apply for the Housing Inspection (Rental) when you submit your landlord registration.
- 7. If the property is currently vacant, you are still required to register the property.

 Please write "Vacant" or "Unoccupied" under the section where you would list the tenants.
- 8. Return the completed registration form along with the appropriate fee no later than January 31st
- 9. The cost is \$25 per each unit. Make the check payable to Florence Township
- 10. You can either mail the paperwork or drop it off at the Construction window during our regular business hours
- 11. Once the paperwork and fee is received, Florence Township will issue the Landlord Certificate

Any questions, please call 609-499-2130 during our regular business hours, Monday-Friday 9am-12:30pm, 1:30-4:30pm.

Thank you.

Florence Township Code Enforcement Office

FLORENCE TOWNSHIP

711 Broad Street Florence, NJ 08518

	PAL USE ONLY ee of \$25 per Rental \	Unit
Received By		Date
Cash	Check #	Card
Landlord Reg	istration Certificate #	

2022 Landlord Renewal Form

Signature of Landlord / Managing Agent

Property Informa					
Street Address & Dwelling Unit (if applicable)			Block	Lot	
Owner of Propert	у				
Name	-				
Address		City		State Zip	
Telephone	Cell		E-Mail		
Property Manage	ment Company	☐ Ch	neck here if there is r	no managing agent	
Name					
Address		City	State	Zip	
Telephone	Cell		E-Mail		
Emergency Conta	act				
Name	医 图	100			
Address	A STISHED	City	State	Zip	
Telephone	Cell	ONCO	E-Mail		
will not allow more	e than the permitted number of	of tenants (premises.	
Name all tenants,	including minors. Include	tenant contact	#. (Please PRINT	Clearly)	
		Tenant Telephone			
if additional room is needed	l, please use the back of this form				
certify that I am the re	sponsible tenant for this property				
,		Signa	ture of Tenant	Date	
ffirm that I am either the ow erein is true and correct to the ne event there are any char hange occurs. I further certi	provided on the initial registration that are n ner of the above referenced property or I ar he best of my knowledge. I certify that I am inges in ownership of this rental facility, or r ify that I understand pursuant to Chapter 1 ed annually no later than January 31st and a	m authorized to act on b in compliance with all of ental status, I am requi 16 of the Code of the T	pehalf of the owner and that the registration requirement red by law to notify the To ownship of Florence, an ap	all of the information containe this above and understand that in which is all the substitution of Florence before suc epilication to renew the Landlor	

Date